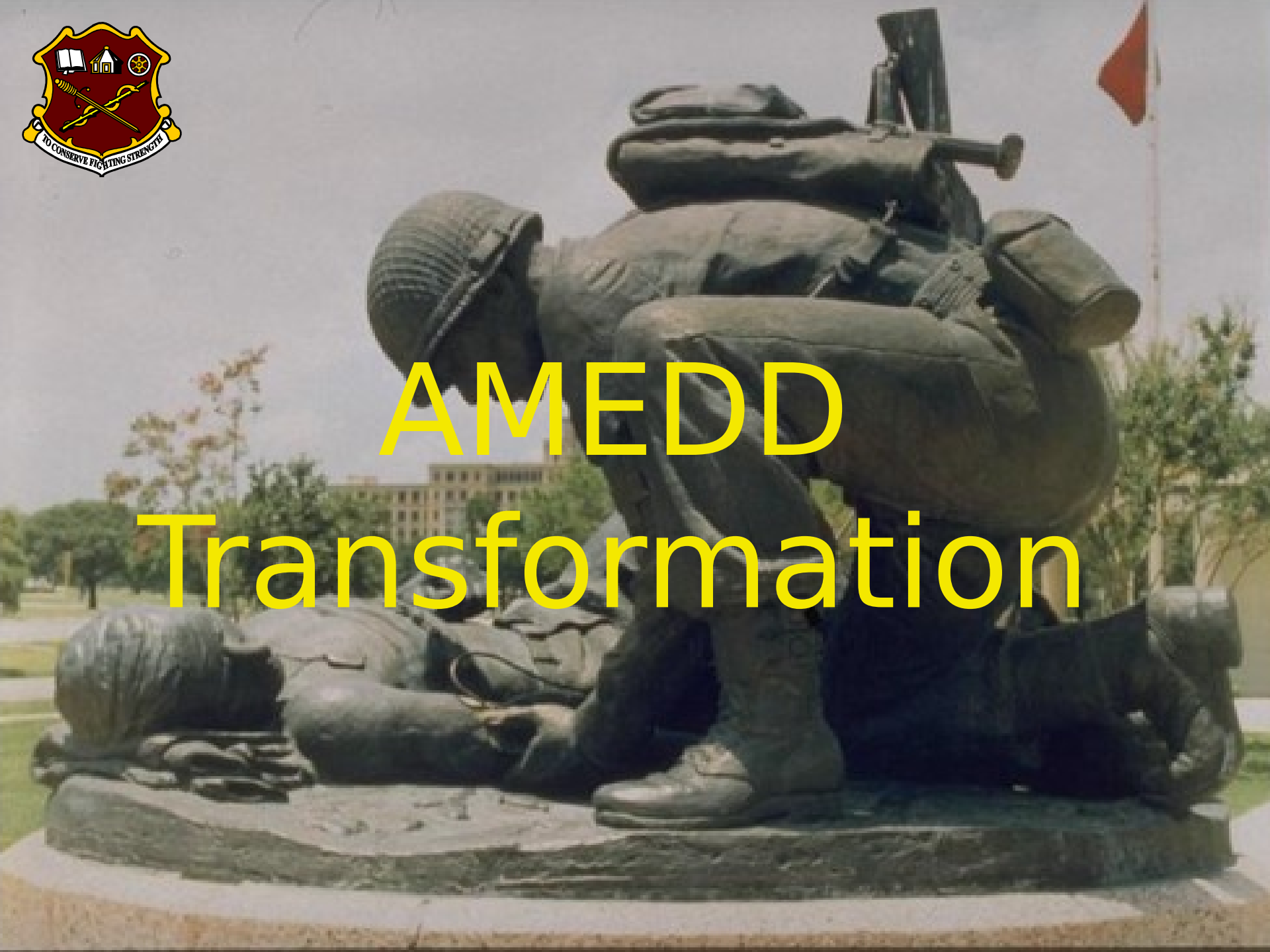
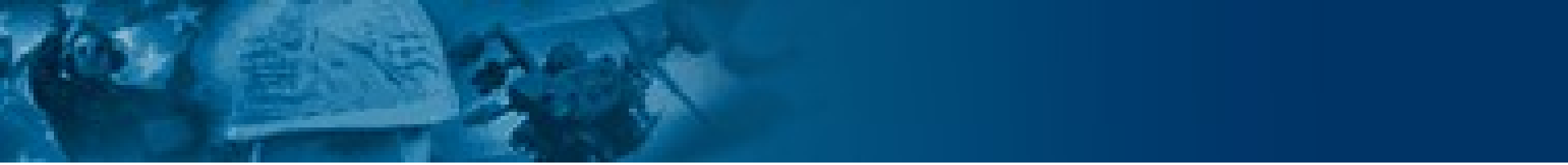


AMEDD Transformation



Purpose

Present an overview of AMEDD Transformation and Concept of Support to the Future Force.

Objective

Improve understanding of the AMEDD Concept of Support for the modular Army at the operational and tactical level.

Outline

- AMEDD Transformation
- Medical Battle Command (MBC)
- Transforming Medical Support
- Support to the Tactical Force
- Modular Medical Support Concept

Transforming Army Medicine

Commander

Soldier

Surgeon

ARMY MEDICINE

CARING BEYOND THE CALL OF DUTY.

Our Azimuth

Partnerships:

- **HH-60**
- **Advanced Cbt Helmet (ACH)**
- **MREs**
- **Body Armor**
- **SaaS**

"On Target"

Modular Flexible Agile

The Soldier

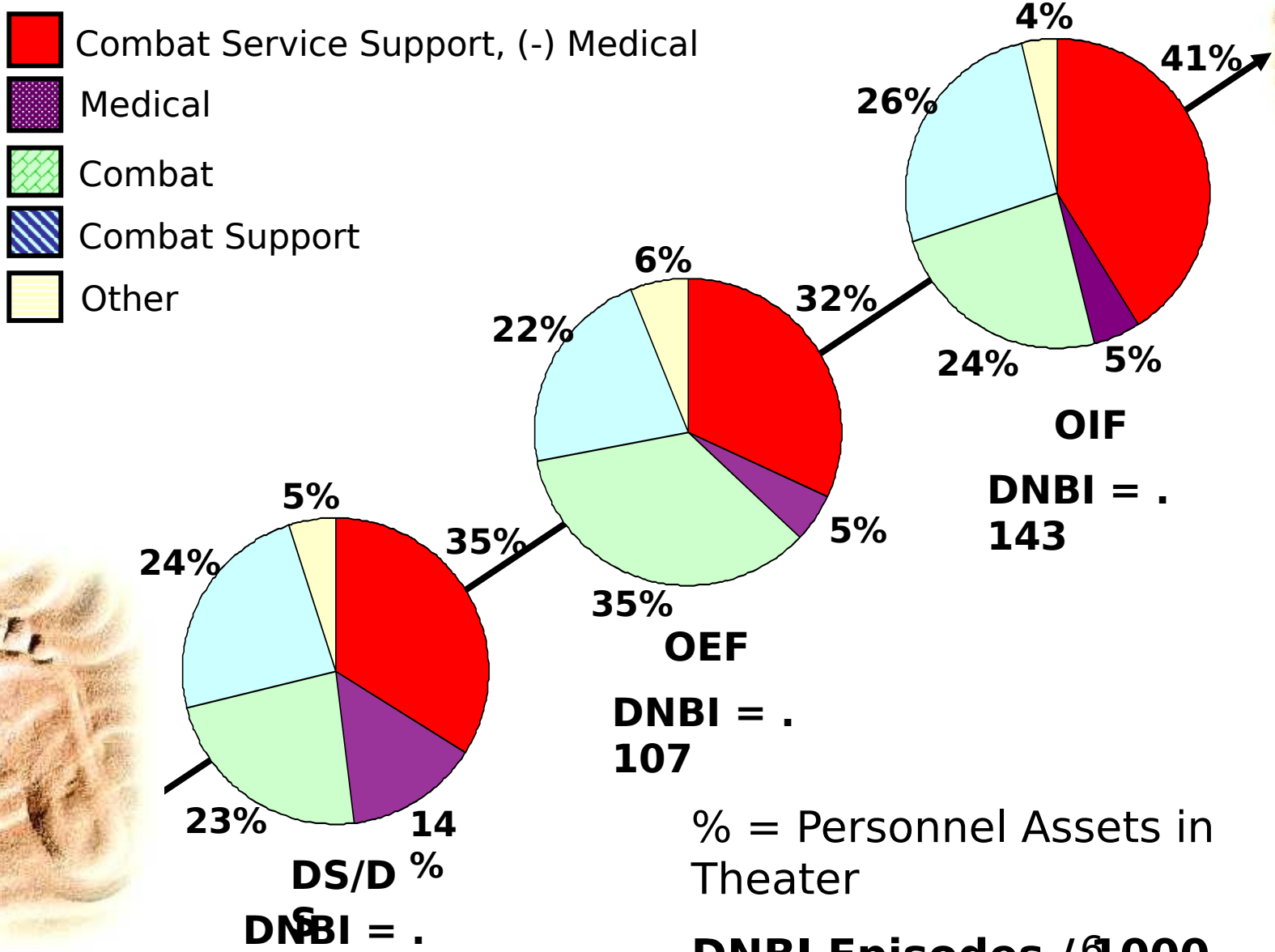
The Centerpiece of Our Effort

- 1985 ~ Present — Medical Force 2000 (MF2K)
- 1985 — Div Med Mod
- 1994 ~ Present — Forward Surgical Team
- 1996 — Medical Reengineering Initiative
- 1999 — 91W (68W)
- 2001 — Essential Care in TO/Skip Policy
- 2001 — Medical Communications for Combat Casualty Care (MC4)
- 2002 — Requirements Review Council Brief
- 2003 — Adaptive Medical Increments (AMI)
- 2003 — Shelters / Containers / PLS / LHS
- On-Going — Technology Insertion (O2 Generator; Ultrasound)

CURRENT — Digital Radiology; Handheld Ultrasound; Individual First Aid Kit; Warrior Aid and litter Kit — **FUTURE**

Updated 17

AMEDD Footprint

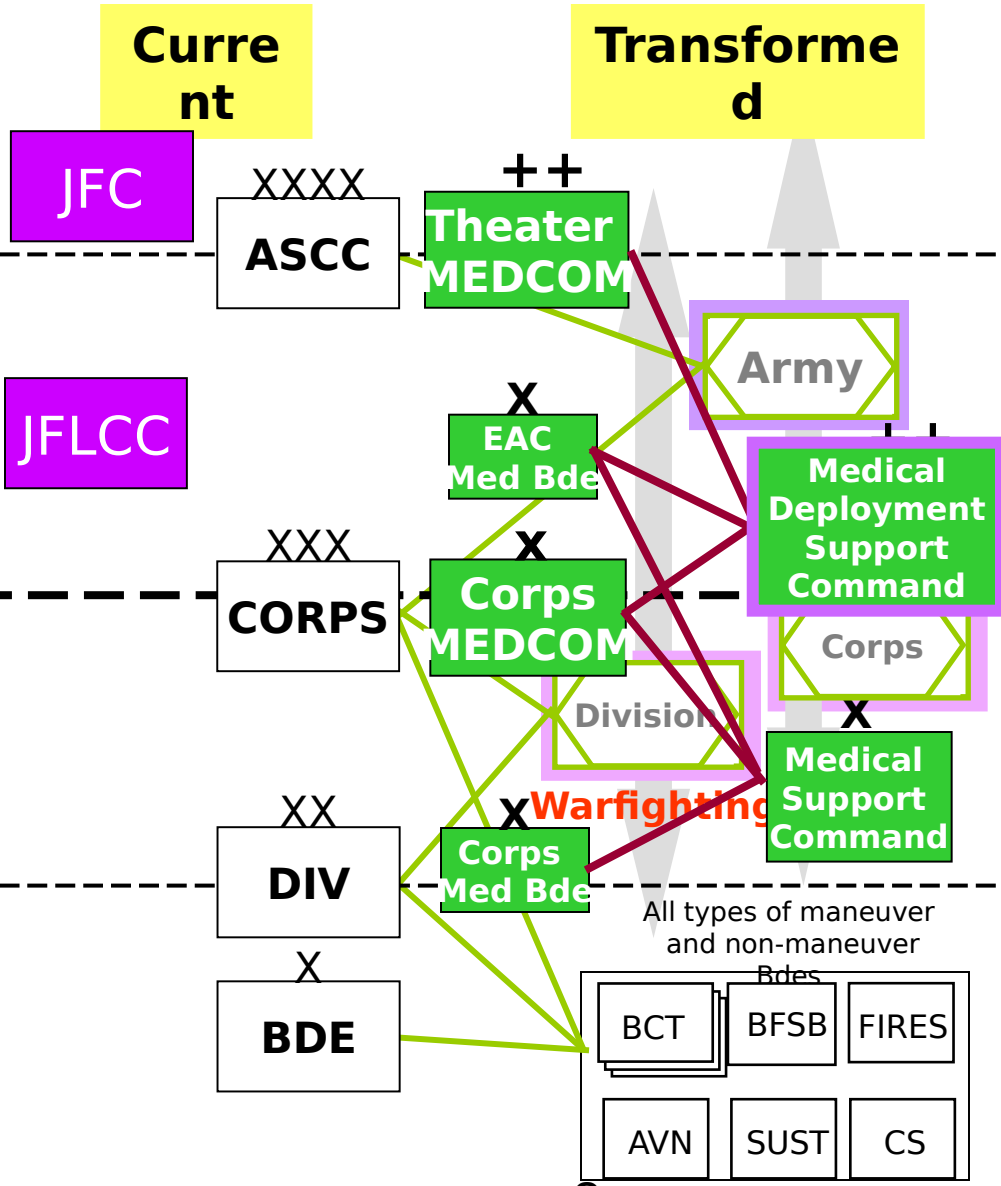


Recent Organizational Designs

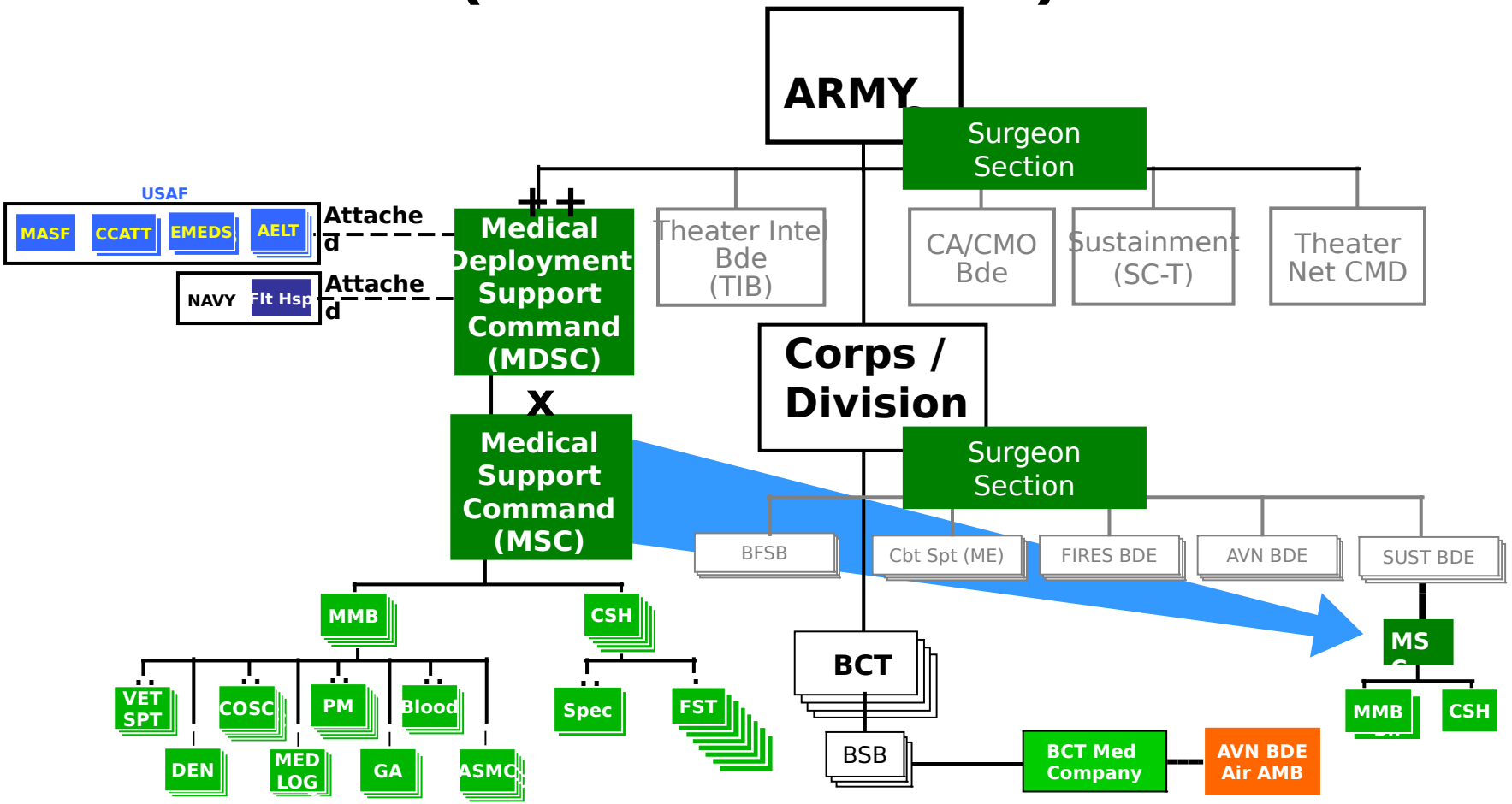
- Army Surgeon Cell
- Corps Surgeon Cell
- Division Surgeon Cell
- MEDCOM (MDSC)
- Medical Brigade (MSC)
- Multifunctional Medical Battalion (MMB)
- Support Brigade / BCT Organic Medical Organizations

Levels of Command

- **Joint – Campaign Level**
  - Integrates the military instrument with other instruments of national power.
  - Integrates all elements of the joint force.
- **Operational – Major Land Operations**
  - Plan and execute major land operations.
  - Orchestrates Joint, Interagency & MN operations.
  - Execute Administrative Control (ADCON) and Army Support to Other Services (ASOS).
- **Tactical – Battles**
  - Puts together complementary and reinforcing capabilities with engagements to achieve military conditions within a specified Area of Operations (AO).
- **Tactical – Engagements**
  - Close Combat.
  - Generates specific effects / outcomes within the AO.



AMEDD Battle Command (Transformation)

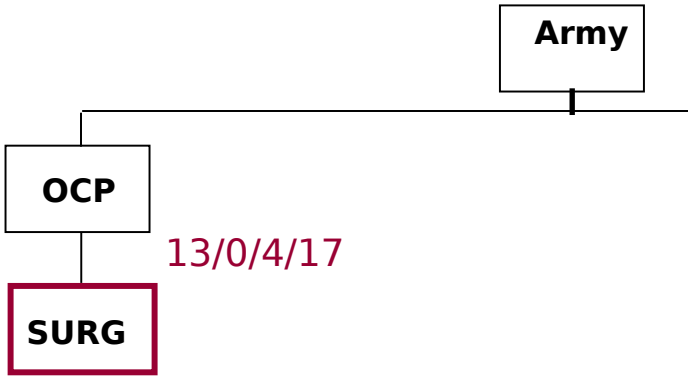


Army

Army Medical Structure (Surgeon Section)

TOTAL MEDICAL STAFF:

28/0/8/36



HQ SECTION

O-6	60A00	DEPUTY SURGEON
O-6	70H67	CHIEF, MED PLANS AND OPS
E-9	68Z50	CHIEF MED NCO

SUPPORT OPERATIONS BRANCH

O-6	61F00	CHIEF MEDICAL SVC
O-6	61J00	TRAUMA COORDINATOR
O-6	66N00	CHIEF CLINICAL SVC
O-4	70K67	HLTH SVC MAT OFF
E-7	68J40	MEDICAL LOG SGT

MEDICAL OPERATIONS BRANCH

O-5	70H67	CHIEF, CURRENT OPS
O-4	72D67	ENVIR SCIENCE OFFICER
O-4	67J00	AERO EVAC OFFICER
O-4	70E67	PATIENT ADMIN OFFICER
O-4	70H67	MEDICAL OPERATION OFF
O-3	70H67	MEDICAL OPS OFFICER
O-3	70H67	MEDICAL OPS OFFICER
E-8	68W50	OPERATIONS NCO
E-7	68W40	MEDCIAL OPERATIONS NCO
		AIR FORCE MED PLANS OFF x2
		NAVY MED PLANS OFF x2
		MARINE MED PLANS OFF x2

HQ SECTION

O-7	00B00	SURGEON
E-5	44M20	EXECUTIVE ADMIN ASST
E-5	88M20	CHAUFFEUR

SUPPORT OPERATIONS BRANCH

O-6	63R00	CHIEF, DENTAL SERVICE
O-6	64B00	CHIEF, VET SERVICE
O-6	70K67	HLTH SVC MAT OFF
O-5	70F67	HLTH SVC PERS MGR
O-5	70K67	HLTH SVC MAT OFF
O-4	70D67	HLTH SVC SYS MGR
O-3	70F67	HLTH SVC PERS MGR
E-7	68J40	MEDICAL LOG SGT

MEDICAL OPERATIONS BRANCH

O-6	72D67	ENVIR SCIENCE OFFICER
O-5	70H67	CHIEF, MEDICAL PLANS
O-5	70E67	PATIENT ADMIN OFFICER
O-3	70H67	MEDICAL PLANS OFFICER
O-3	72D67	ENVIR SCIENCE OFFICER
O-3	70H67	MEDICAL OPS OFFICER
301	GS13	MEDICAL PLANS SPECIALIST
E-		

LEDGEND

JOINT AUGMENTATION (JMD)

ARMY Headquarters
General

Regionally focused Command and Control Headquarters

Dedicated set of assigned, attached or OPCON regionally focused units

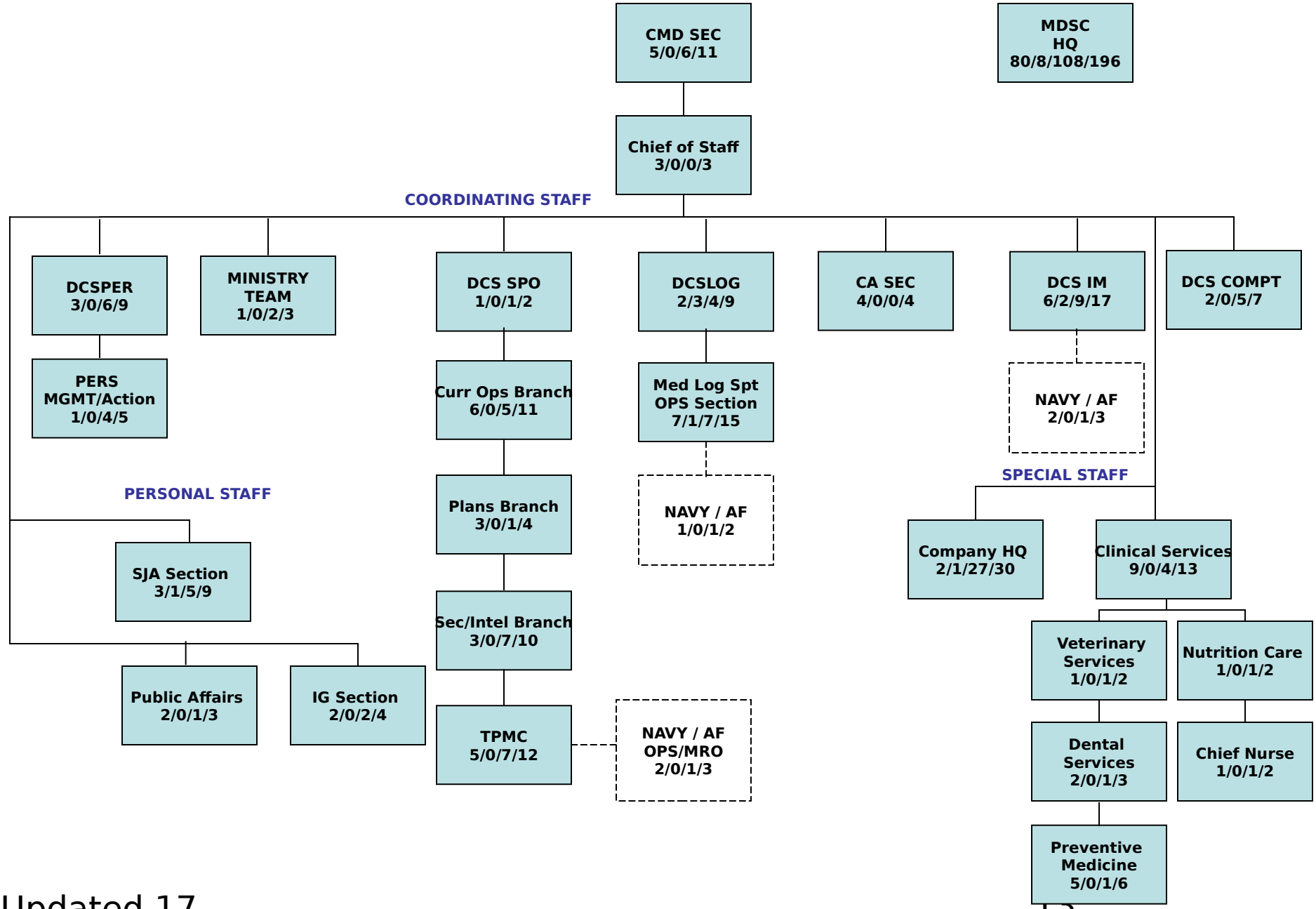
Theater INTEL Brigade	Sustainment Command (T)	Theater Network Command	Theater Civil Affairs Brigade	**Medical Deployment Support Command**

*Unit size/capability tailored to specific theater

Representative Menu of **<u>available</u>** units assigned or attached based on METT-TC

DIV	Aviation	MP	USMC	Fires
SUST	Engineer	BFSB	MSC	CS (ME)

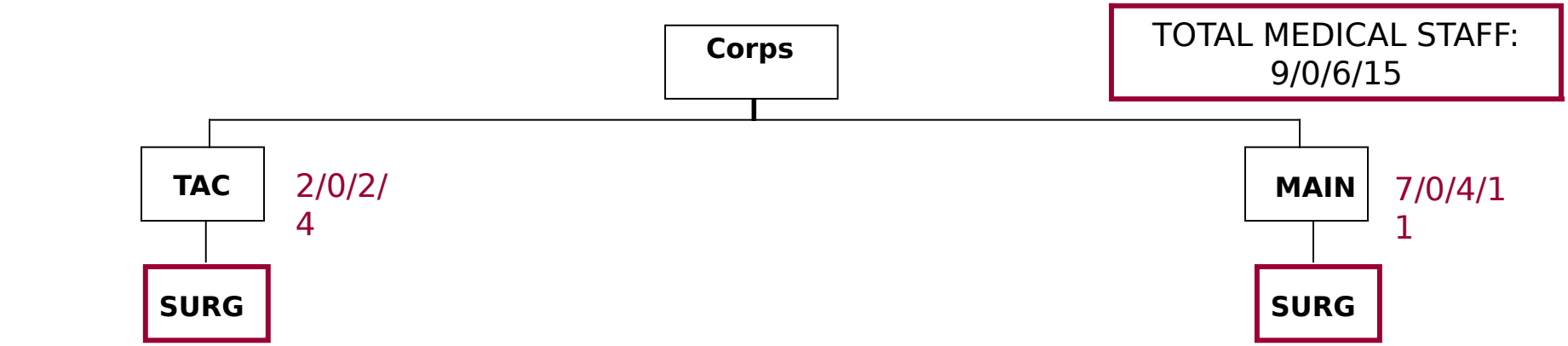
Medical Deployment Support Command (MDSC)



Updated 17

Corps

Corps Medical Structure (Surgeon Section)



TAC SURGEON CELL

O-5	60C00	DEPUTY SURGEON
O-5	70H67	MED OPS OFF
E-8	68W50	MED OPS NCO
E-6	68W30	HEALTH CARE SGT (SYS ADM)

MAIN SURG

O-6	60A00	CORPS SURGEON
O-6	70H67	SENIOR MED OPS OFFICER
O-5	67J00	EVACUATION OFF
O-4	70K67	HEALTH SVC MATL OFF
O-4	70H67	MED OPS OFF
O-4	72D67	ENVIRO SCI OFF
O-4	70E00	PAT ADM/MRO
E-9	68Z50	CHIEF MED NCO
E-7	68J40	MED LOG NCO
E-7	68G40	PATIENT ADMIN NCO
E-6	68W30	HEALTH CARE SGT (SYS ADM)

Functions:

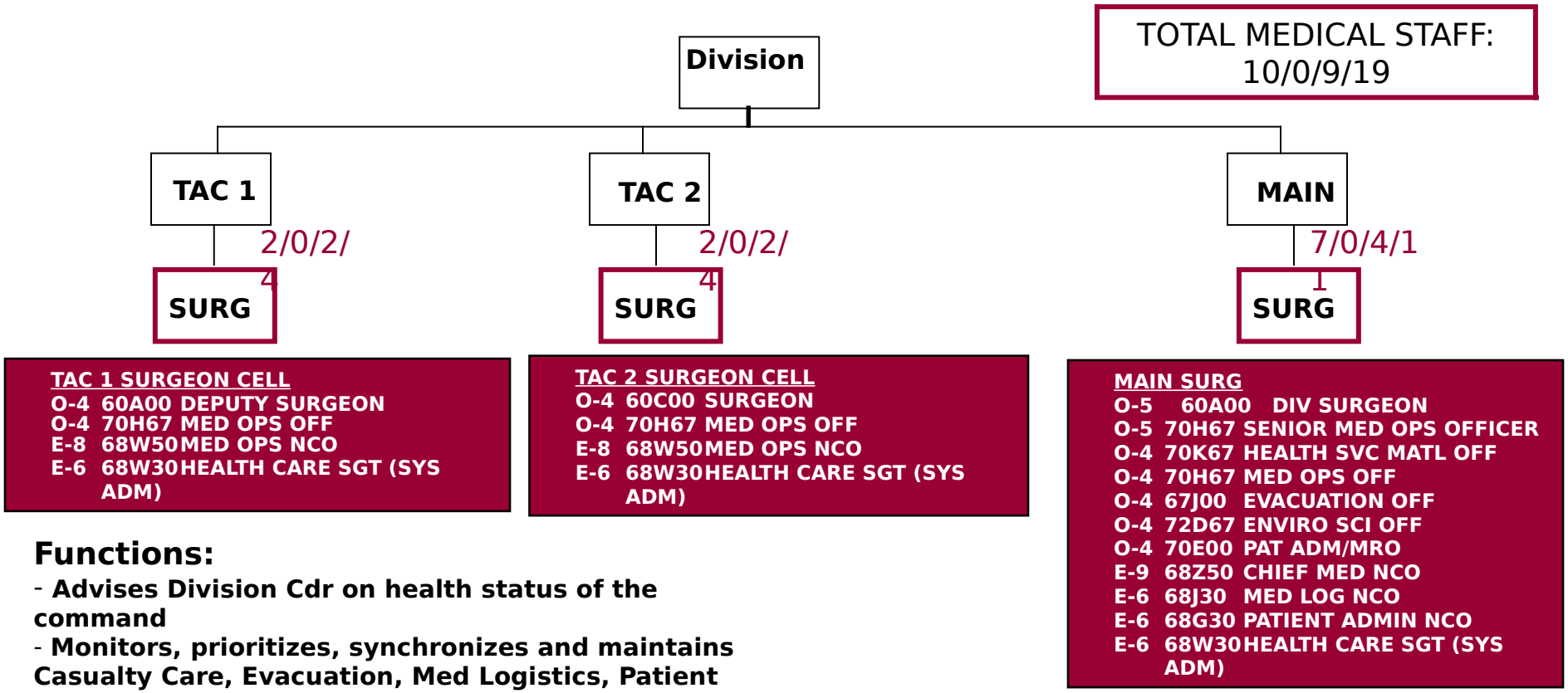
- **Advises the Corps Cdr on health status of the command**
- **Monitors, prioritizes, synchronizes and maintains Casualty Care, Evacuation, Med Logistics, Patient Tracking/Medical Regulating and Casualty Prevention**
- **Coordinates patient evacuation within the DIV and to ARMY MTFs.**
- **Prioritizes FHP activities for Corps Operations**
- **Provides analysis of medical threat to DIV CDR.**
- **Coordinates command relationships of ARMY level FHP augmentation.**
- **Conduct 24-hour Operations**
- **Reviews and develops all DIV OPLANs and contingency plans**
- **Identifies potential medical hazards associated with geographical locations and climatic conditions**
- **Monitors and coordinates Combat Health Services**

Functions Cont:

- **Provides recommendations on allocation and redistribution of medical personnel and Class VIII.**
- **Oversees all CHL for the command.**
- **Provides patient disposition and reports.**
- **Monitors and coordinates Preventive Medicine Operations**
- **Provides technical advice to the DIV Commander for occupational, environmental health, and medical surveillances, sanitary inspections, and potential NBC contamination.**

Division

Division Medical Structure (Surgeon Section)



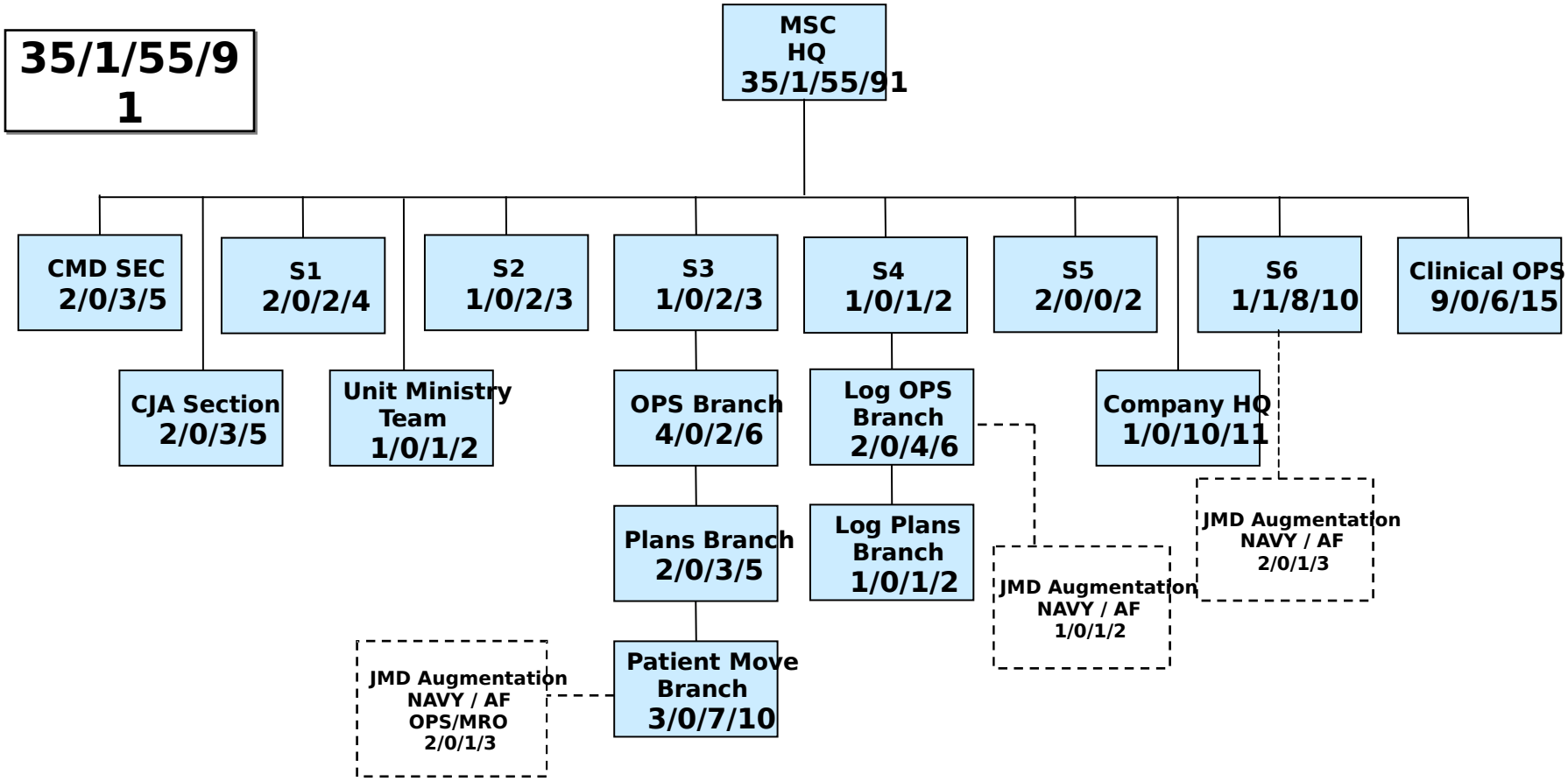
Functions:

- Advises Division Cdr on health status of the command
- Monitors, prioritizes, synchronizes and maintains Casualty Care, Evacuation, Med Logistics, Patient Tracking/Medical Regulating and Casualty Prevention
- Coordinates patient evacuation within the Division and supporting Corps MTFs.
- Prioritizes FHP activities for Division operations
- Provides analysis of medical threat to Division Cdr.
- Coordinates command relationships of Corps FHP augmentation.
- Conduct 24-hour Operations
- Reviews and develops all Division OPLANs and contingency plans
- Identifies potential medical hazards associated with geographical locations and climatic conditions
- Monitors and coordinates Combat Health Services

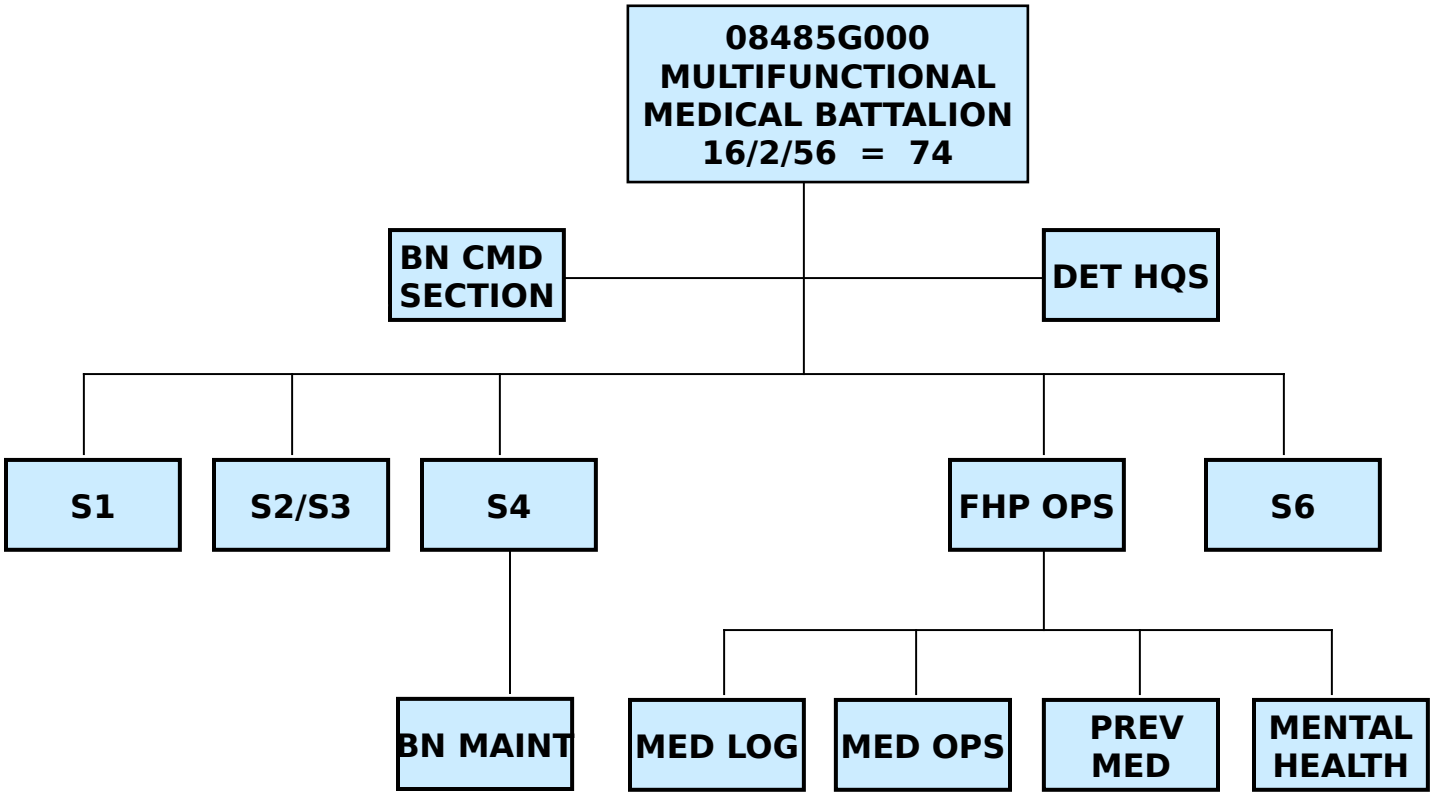
Functions Cont:

- Provides recommendations on allocation and redistribution of medical personnel and Class VIII. Oversees all CHL for the command.
- Provides patient disposition and reports.
- Monitors and coordinates Preventive Medicine Operations
- Provides technical advice to the Division Cdr for occupational, environmental health, and medical surveillances, sanitary inspections, and potential NBC contamination.

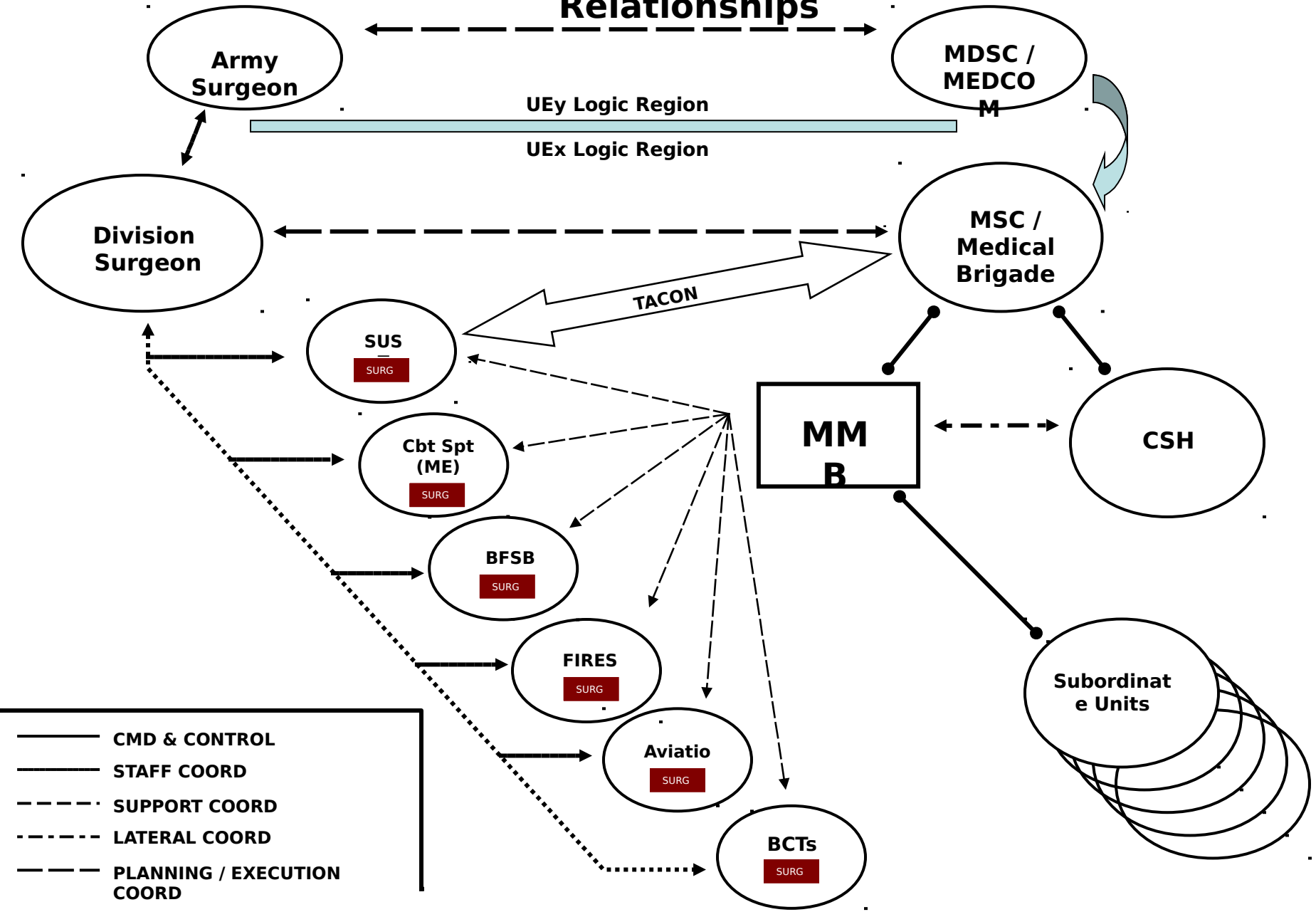
Medical Support Command (MSC)



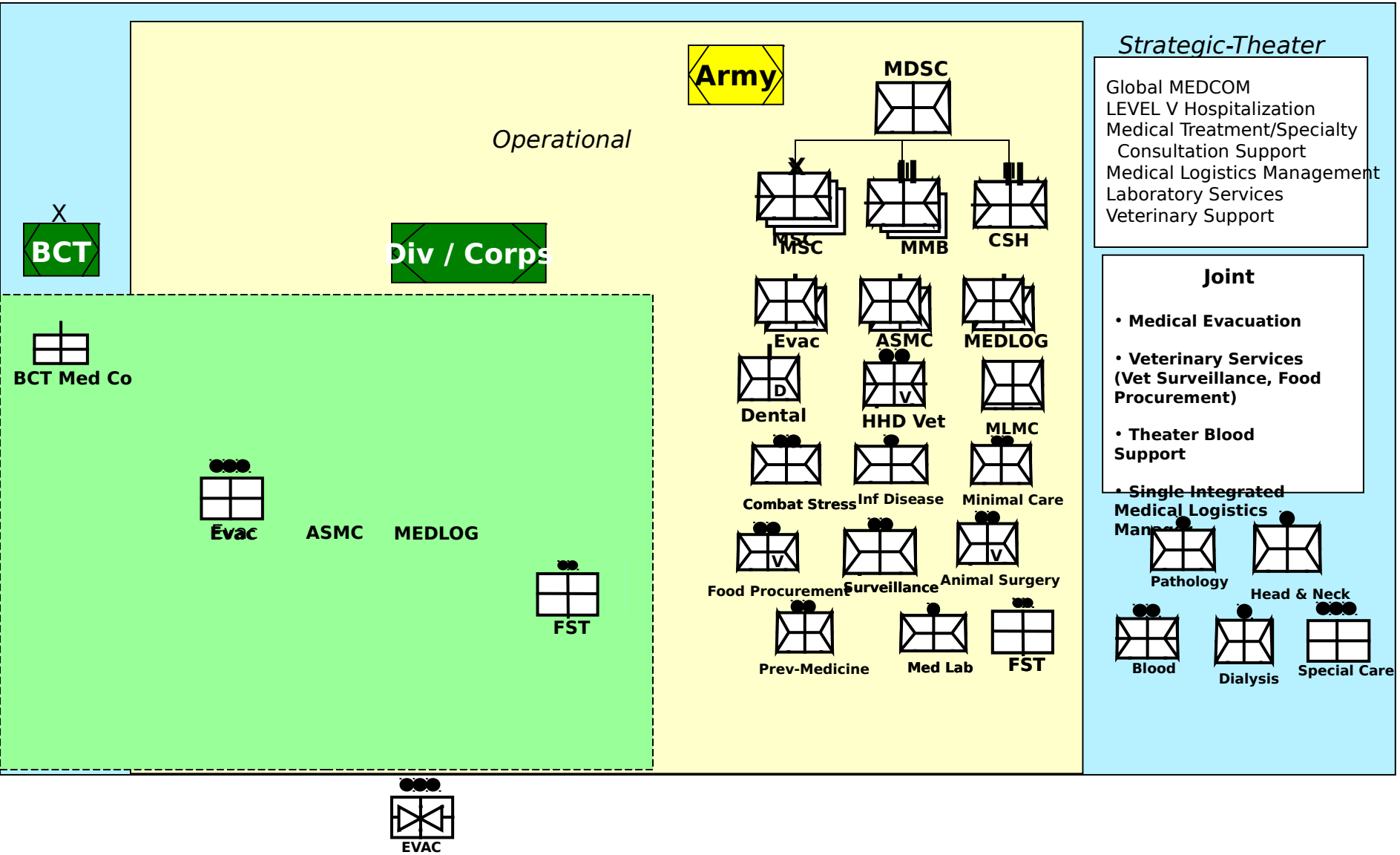
Multifunctional Medical Battalion (MMB)



Multifunctional Medical BN (MMB) – Command and Support Relationships



Modular Medical Support



Proposed Medical Units Above Battalio

Medical Deployment Support Commands (4)

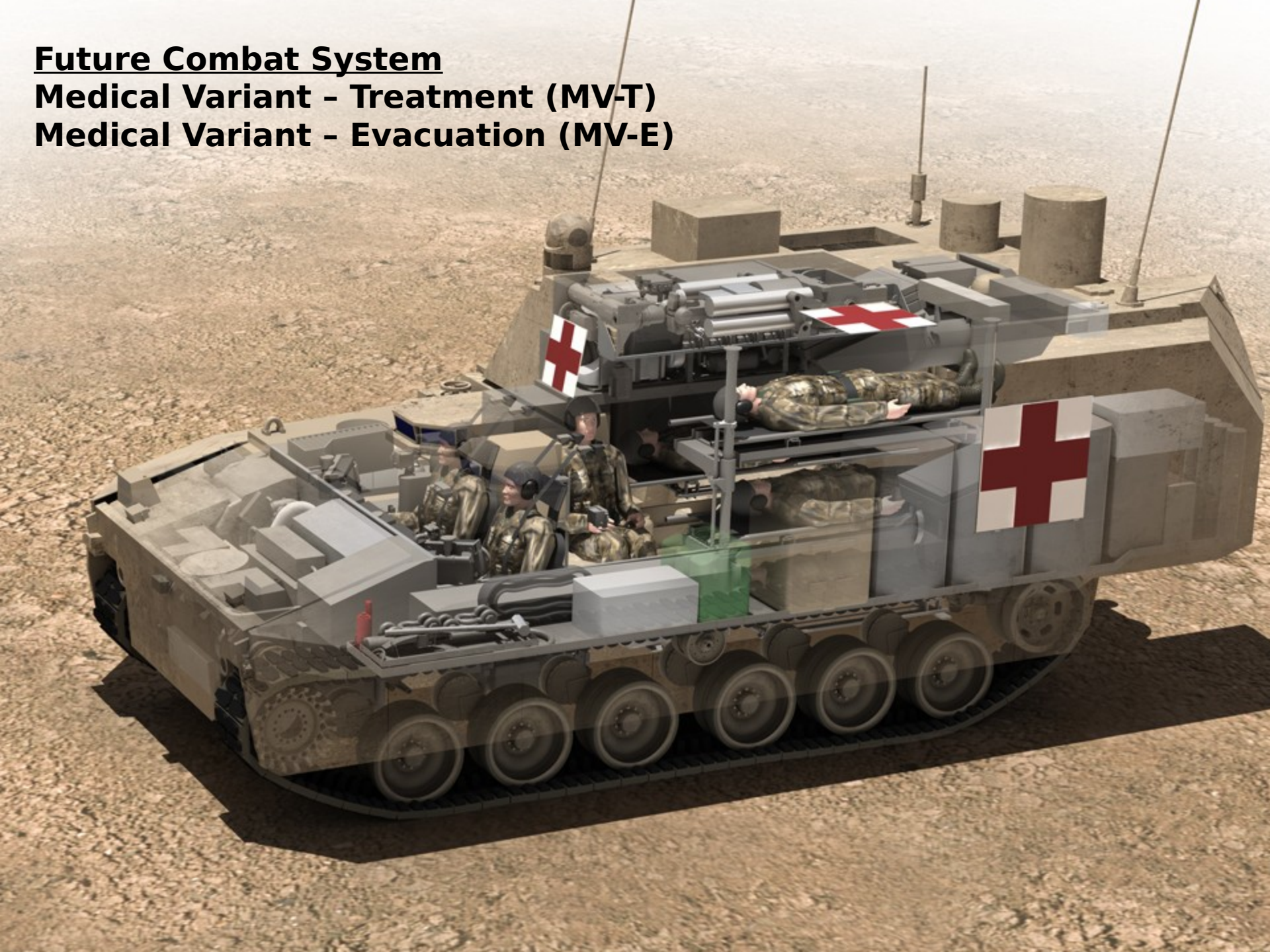
AC -
- 30th Medical Command (Deployment Support)
- 18th Medical Command (Deployment Support)

AR -
- 3d Medical Command (Deployment Support)
- 807th Medical Command (Deployment Support)

Medical Support Commands (14)

AC -
- 1st Medical Command (Support)
- 62d Medical Command (Support)
- 44th Medical Command (Support)

AR -
- 2d Medical Command (Support)
- 5th Medical Command (Support)
- 8th Medical Command (Support)
- 139th Medical Command (Support)
- 176th Medical Command (Support)
- 307th Medical Command (Support)
- 330th Medical Command (Support)
- 331st Medical Command (Support)
- 332d Medical Command (Support)
- 334th Medical Command (Support)
- 804th Medical Command (Support)


Future Combat System
Medical Variant – Treatment (MV-T)
Medical Variant – Evacuation (MV-E)

Warrior Aid & Litter Kit

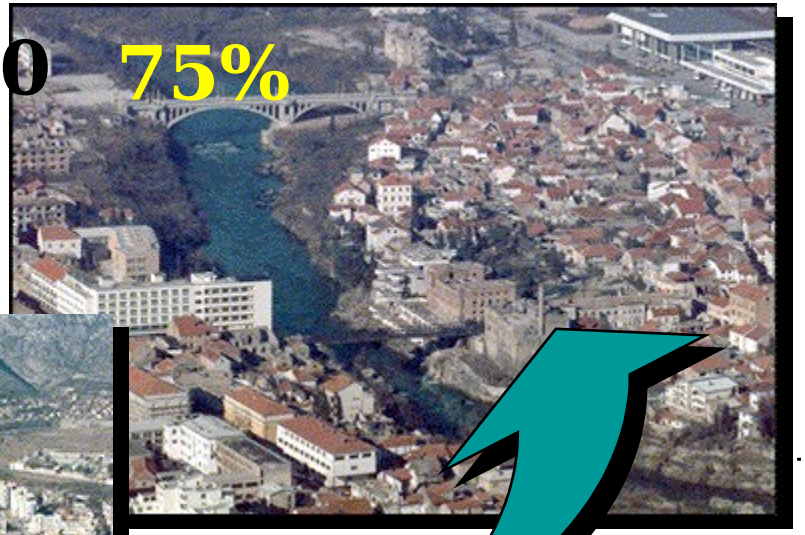
IFAK Overview

Inserted Photos are NOT to scale

INCREASED URBANIZATION…
HIGHER PROBABILITY OF URBAN OPS

% of Population in Large Urban Areas

2010 75%



1998

50%

1950

22%

“Cities are the most likely battlefield in the 21st century…”

Medical Support to Militar Operations in Urban Terra

Challenges of Evacuation

Wounding Patterns Change

High Rate of Combat Stress Casualties

Decaying Infrastructures / Endemic Diseases

Potentiated Effects of WME

Increased Potential for Treating Civilian Casualties /

Summary - AMEDD Transformation

- An Integrated, Interdependent System of Systems
- Provide Greater Flexibility to Supported Commanders
- In-step with Army Transformation

QUESTIONS?